

INDIANA STATE DEPARTMENT OF HEALTH

Injury Prevention Advisory Council

2 North Meridian Street
Indianapolis, IN 46204

July 10, 2003 - Minutes

Attendees:

Sandra Beck, Indiana State Department of Health, Injury Prevention
Nancy Cobb, Indiana State Department of Health, Injury Prevention
Wendy Clingaman, Indiana State Department of Health, Lead Program
Barbara Cole, Indiana Poison Control Center
Dawn Daniels, DNS, RN, CCRN, Clarian Health Partners
Charlene Graves, MD, Indiana State Department of Health, Injury Prevention
Spencer Grover, Indiana Hospital & Health Association
Wendy Hums, RN, Memorial Hospital of South Bend (Attended by phone)
Lori Lovett, Partnership to Prevent Firearm Violence
Joanne Martin, RN, DrPH, Indiana University School of Nursing
Jeff Mathews, Automotive Safety Program, Riley Children's Hospital
Eric Maxwell, Indiana Hospital & Health Association (Intern)
Jim Mowry, Indiana Poison Control Center
Donna Myers, Indiana State Department of Health, MCH
Dona Gore Olsen, Indiana Parent Information Network
Karen Stroup, Riley Children's Hospital Community Education & Child Advocacy
Dr. L. Scherer, Emergency Medical Services for Children
Serifatu Walton, Marion County Health Department

Highlights:

Dr. Charlene Graves opened the meeting and asked that everyone introduce themselves.

Minutes from the May 8th Council meeting were approved by consensus.

During the previous meeting, expanded representation on this council was discussed. Suggestions were made to involve OSHA/NIOSH, Indiana Sheriff's Association, Area Council on Aging, and State Trauma Coordinators and Registrars. The American College of Surgeons is represented by Dr. Scherer. Contact has been made with some of these people. Mark Laker from the Area Council on Aging, Office of Disability in the Family Social Services Administration, agreed to participate. A phone message has been left with Nancy Guyott from the Department of Labor.

The council was given a copy of the fireworks injury reporting information, which was disseminated primarily to hospitals, emergency departments, urgent care centers and ambulatory surgery centers. The form is on the State Health Department website and can be printed out in a printable version or completed online. Approximately 100 reports were received as of Monday, July 7th.

Serifatu Walton asked what the committee could do as a group to advocate for the continuation of this type of reporting, before it gets to December 2004. Dr. Graves suggested working

with individual legislators. The State Health Department cannot lobby, but anyone who wants to contact their individual legislator is encouraged to do so.

A request was made to provide the data/information that is gained from this reporting system to those agencies that submitted the information to the State Department of Health.

A short version of the Suicide in Indiana Report was given to the committee. This report also includes hospital discharge information for the first half of 2002. A point of interest is the incidence of poisoning, in that 92% of those admitted for suicide attempts were self-poisoning attempts. The complete report provides more detail on poisoning substances ingested. Besides the top 5 types of medications used for overdoses, there is a detailed chart with E-codes about all the different methods used in those hospitalized for suicide attempts.

In contrast to the national data, the rate of suicide in young black males in Indiana is higher than that for white males. (Addendum: small numbers involved so statistically unstable, so unable to draw conclusions on this.) Joanne Martin suggested this was also the population base that tends to be incarcerated and wondered if there was any way of looking at those suicides to see if any occurred within a correctional facility. It is not likely that the actual location of the suicide attempt is collected data.

Nancy Cobb shared that at the Federal level just about every public program is being cut to one degree or another. One agency that appears to be getting more funding is HUD. There is a Healthy Homes Demonstration Grant that can be up to \$1 million, for which the deadline has passed for this year. In the past, injury was just one of the issues included for this grant. At the Department of Health we have three separate state plans being worked on for Suicide, Asthma and Lead. The Demonstration could be a wonderful vehicle for us to be able to look at those three issues together as we look at the home environment. HUD has another bigger grant as well. Depending on what the grant announcements look like next year, maybe two grants could combine all three plans and really examine what we can do in homes.

The Bioterrorism Grant was just recently submitted by the State Health Department, which included a request from Dr. Graves for \$150,000 to promote E-Codes in hospitals. It will probably take about 2 months before feedback is received on this grant application.

Dr. Scherer shared two items in development. First, Riley Hospital, in cooperation with Clarian and the School of Medicine, submitted a grant proposal to the Robert Wood Johnson Foundation for the development of an Injury Free Coalition for Kids for the City of Indianapolis. This specific grant would be using limited E-Code data to actually develop an injury prevention model using GIS mapping data to focus on different areas of Indianapolis to determine where injury is a problem. Secondly, the Partnership Grant is looking at several cities (those with hospitals with Trauma Registries) within Indiana involving the same data, and using the same process. He also pointed out some parts of the Suicide in Indiana report that needed clarification.

Donna Myers stated that the Childcare Health Consultant Program also would be looking at injury data. Donna Olson shared information about the Healthy Childcare Indiana Grant, which is through Healthy Childcare America. Pat Cole noted that the 5-Star Program of IDEM also provides training on home safety.

The Poison Center is in the process of getting reauthorization on the Federal level for the Poison Center Stabilization Act that passed about 4 years ago. Funding from that Act ends in about a year.

Karen Stroup presented information that Pam Bright received a Grant from the National Fire Protection Association for the Risk Watch Program to be disseminated to 200 schools or similar venues. Risk Watch is the only comprehensive school based curriculum available nationwide on 9 leading areas of child injuries, and disaster planning has recently been incorporated into this program.

The Children's Safety Network is a technical support organization funded by Federal MCH. Their mission is to provide assistance on projects that work on injury prevention. The ISDH Injury Program has two contacts: Chris Hanna, Wisconsin and Ellen Schmidt, Washington, DC, who are involved through regular conference calls.

The floor was opened for discussion regarding projects, timelines and subcommittee proposals related to the Objectives of the ISDH Injury Grant.

Joanne Martin indicated that she may be interested in working on the Sentinel Surveillance System subcommittee and asked for more information. Dr. Graves stated that besides obtaining information from databases that are already present, the whole idea would be to get information from hospital discharge data and emergency departments as the first priority, with health care provider offices, schools, and daycare centers to be considered at a later stage.

Donna Olson stated that information that is developed or compiled should be shared with the people that really need to be reached, suggesting that families/consumers be involved in reviewing information before wide distribution. Discussion ensued regarding distribution of information. It was suggested that an Education Subcommittee should be formed.

It was recommended that a Data Subcommittee also be created which could be separate from a Subcommittee E-Codes.

The next meeting will be Thursday, September 11, 2003, at 10:00 AM. There will be a guest attending, Cecil Threat. Mr. Threat is the CDC Project Officer for the Injury Grant and will be attending as part of the CDC Site Visit that day.

The meeting was adjourned at 11:30 AM.

Minutes prepared and respectfully submitted by: Wendy Clingaman